

<i>SERFF Tracking Number:</i>	<i>PNMC-125957842</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>DLK-08-029</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL CWExcepPages0309</i>		
<i>Project Name/Number:</i>	<i>DLK-08-029/DLK-08-029</i>		

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company		
Product Name: GL CWExcepPages0309	SERFF Tr Num: PNMC-125957842	State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made	SERFF Status: Closed	State Tr Num: #? \$?
Sub-TOI: 17.0001 Commercial General Liability Co	Tr Num: DLK-08-029	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Denise King	Disposition Date: 01/09/2009
	Date Submitted: 01/08/2009	Disposition Status: Exempt from Review
Effective Date Requested (New): 03/01/2009		Effective Date (New):
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal):
State Filing Description:		
No fees required.		

General Information

Project Name: DLK-08-029	Status of Filing in Domicile: Pending
Project Number: DLK-08-029	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/09/2009	
State Status Changed: 01/09/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
PURPOSE:	
We are filing for your review and approval a revision to our Countrywide General Liability Exception Pages. Following are the changes:	

SERFF Tracking Number: PPMC-125957842 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: #? \$?
 Company Tracking Number: DLK-08-029
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
 Product Name: GL CWExcepPages0309
 Project Name/Number: DLK-08-029/DLK-08-029

We added a maximum premium to Rule 16.C.11. for Automatic Additional Insured's – Owners, Contractors and Subcontractors (Completed Operations) on Page PN-CW-CG-E-2.

We are also filing a revised state exception page deleting reference to Employment-Related Practices Liability under paragraph E.15.

PROPOSAL:

This change will be applicable to policies effective on and after March 1, 2009.

ATTACHMENTS:

PN-CW-CG-E-1 thru PN-CW-CG-E-11 8th Edition 03/09
 PN-AR-CG-E-1 2nd Edition 03/09

Your prompt and favorable approval would be appreciated.

Company and Contact

Filing Contact Information

Denise King, Senior Underwriting Technician dlking@pnat.com
 2 N. Second St. (717) 234-4941 [Phone]
 Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company	CoCode: 14990	State of Domicile: Pennsylvania
2 N. Second St.	Group Code: 271	Company Type: P&C
PO Box 2361		
Harrisburg, PA 17105-2361	Group Name: Penn National Insurance	State ID Number: 03
(717) 234-4941 ext. [Phone]	FEIN Number: 23-0961349	

Filing Fees

SERFF Tracking Number: PPMC-125957842 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: #? \$?
Insurance Company
Company Tracking Number: DLK-08-029
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: GL CWExcepPages0309
Project Name/Number: DLK-08-029/DLK-08-029

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$0.00	01/08/2009	

<i>SERFF Tracking Number:</i>	<i>PNMC-125957842</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>DLK-08-029</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL CWExcepPages0309</i>		
<i>Project Name/Number:</i>	<i>DLK-08-029/DLK-08-029</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	01/09/2009	01/09/2009

<i>SERFF Tracking Number:</i>	<i>PNMC-125957842</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>DLK-08-029</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL CWExcepPages0309</i>		
<i>Project Name/Number:</i>	<i>DLK-08-029/DLK-08-029</i>		

Disposition

Disposition Date: 01/09/2009

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PNMC-125957842	State:	Arkansas
Filing Company:	Pennsylvania National Mutual Casualty Insurance Company	State Tracking Number:	#? \$?
Company Tracking Number:	DLK-08-029		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	GL CWExcepPages0309		
Project Name/Number:	DLK-08-029/DLK-08-029		

Item Type	Item Name	Item Status	Public Access
Rate	Countrywide Exception Pages	Accepted for Informational Purposes	Yes
Rate	Arkansas State Exception Page	Accepted for Informational Purposes	Yes

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<i>Product Name:</i>	<i>GL CWExcepPages0309</i>		
<i>Project Name/Number:</i>	<i>DLK-08-029/DLK-08-029</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125957842 State: Arkansas

Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: #? \$?

Company Tracking Number: DLK-08-029

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability

Product Name: GL CWExcepPages0309

Project Name/Number: DLK-08-029/DLK-08-029

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Countrywide Exception Pages	PN-CW-CG-E-1 thru PN-CW-CG-E-11 8th Edition 03/09	Replacement	Countrywide 0309.pdf
Accepted for Informational Purposes	Arkansas State Exception Page	PN-AR-CG-E-1 2nd Edition 03/09	Replacement	Arkansas0309.pdf

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GENERAL RULES

8. POLICY WRITING MINIMUM PREMIUM

Rule 8. is deleted and replaced with the following:

A. Prepaid Policies \$100.

B. Annual Premium Payment Plan Policies \$100.

9. ADDITIONAL PREMIUM CHANGES

Paragraph B.1. is deleted and replaced with the following:

B. Waiver of Premium

1. Waive additional premium of \$15.00 or less.

10. RETURN PREMIUM CHANGES

Paragraph B.1. is deleted and replaced with the following:

B. Waiver of Premium

1. Waive additional premium of \$15.00 or less.

11. POLICY CANCELLATIONS

Paragraph C. is deleted.

14. MINIMUM PREMIUMS

Paragraph B.2. and Paragraph E.1. are deleted and replaced with the following:

B. Determination

2. Minimum Premiums apply as follows:

	Increased Limit Table Assignment	Minimum Premium
Subline	1	\$ 49
Premises/ Operations (334)	2 3	\$ 65 \$ 97
Products/ Completed Operations (336)	A B C	\$ 49 \$ 97 \$ 129

E. Special Combined Minimum Premiums

1. This special combined Minimum Premium for the classifications specified is \$65.

15. DEDUCTIBLES

The following is added to Paragraph E.

7. Premises/Operations - Per Claim Deductible Discount Factors – Property Damage

Deductible Amount	Stat Code	Per Claim		
		Table 1	Table 2	Table 3
250	04	0.009	0.007	0.007
500	05	0.015	0.012	0.013
750	06	0.020	0.017	0.018
1000	07	0.024	0.021	0.022
2000	12	0.034	0.033	0.036
3000	13	0.039	0.040	0.045
4000	14	0.041	0.045	0.052
5000	15	0.042	0.048	0.055

8. Products/Completed Operations - Per Claim Deductible Discount Factors – Property Damage

Deductible Amount	Stat Code	Per Claim		
		Table A	Table B	Table C
250	04	0.007	0.005	0.003
500	05	0.012	0.009	0.005
750	06	0.017	0.013	0.007
1000	07	0.021	0.016	0.009
2000	12	0.036	0.028	0.014
3000	13	0.049	0.037	0.019
4000	14	0.059	0.045	0.024
5000	15	0.067	0.052	0.027

16. ADDITIONAL INTERESTS

The following is added to Rule 16.:

A. No Additional Charge

14. For Owners, Contractors and Subcontractors – Additional Insured status for Ongoing Operations, use Automatic Additional Insureds – Owners, Contractors and Subcontractors (Ongoing Operations) endorsement 71 0741.

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C. Additional Charge – Refer To Company

- 11.** For Owners, Contractors and Subcontractors – Additional Insured status for Completed Operations, use Automatic Additional Insureds – Owners, Contractors and Subcontractors (Completed Operations) endorsement 71 1145.

The premium charge for this endorsement is (a) 3% of the total GL class premium, or (b) 5% of the total ACP class premium, subject to a \$100 minimum premium and a \$1,500 maximum premium.

<u>LIMIT</u>	<u>ILF'S</u>
\$ 0	0.975
\$ 250,000	1.050
\$ 500,000	1.075
\$ 750,000	1.090
\$1,000,000	1.100

- (2) \$5,000 per person for medical payments. To either increase or decrease this limit to a limit indicated below, apply the appropriate factor:

<u>LIMIT</u>	<u>ILF's</u>
\$ 0	0.975
\$10,000	1.025

COVERAGE RULES

22. DESCRIPTION OF COMMERCIAL GENERAL LIABILITY COVERAGE

The following Mandatory Multistate Endorsements are added to Paragraph C.2.:

- d.** Exclusion – Lead Contamination **71 0543**.
- e.** Extended Coverage Endorsement – General Liability **710680**.
- f.** Asbestos Endorsement (Exclusion) **71 0948**.
- g.** Products-Completed Operations Redefined **71 1153**.
- h.** Silica or Silica-Related Dust Exclusion **71 1229**.
- i.** Exclusion – Violation of Statutes **71 1233**.

23. COMPANY RATES OR ISO LOSS COSTS

Paragraph C.1.a. is deleted and replaced by the following:

- a.** \$100,000 each occurrence for bodily injury and property damage. Subject to this limit:
 - (1) \$100,000 per premises rented to you for:
 - (a) Fire damage; and
 - (b) Other property damage; if the premises is rented to you for a period of not more than 7 consecutive days

unless the policy is issued with an occurrence limit of less than \$100,000. In that case, the fire damage limit will be equal to the occurrence limit. To either increase or decrease this limit to a limit indicated below, apply the appropriate factor:

RULE 26.
CLASSIFICATIONS – SCOPE OF APPLICATION

The following is added to Paragraph B.1.

Eligible Artisan Contractor Classification Inclusions:

The following are included in the “Eligible Artisan Contractor Classifications.” Do not separately classify and/or rate any of these exposures/operations unless they are conducted as a separate and distinct enterprises:

- (1) Liability of the insured arising out of actions of subcontractors for which the insured has on file a valid Certificate of Insurance, with liability limits equal to or exceeding the liability limits of this policy.
- (2) Premises occupied by the insured for the purpose of office, private garage, private warehouse or shop.

RULE 28.
CONTRACTING OR SERVICING RISKS –
CLASSIFICATION ASSIGNMENT AND PREMIUM
COMPUTATION PROCEDURES

The following is added to paragraph B.

- 4. Artisan Contractor risks are rated on a per “Construction Employee” basis. “Construction Employee” includes any employee, sole proprietor, partner or officers engaged in construction activities, excluding employees whose sole duties are clerical, draftsman, sales, collectors, messengers, drivers or yard employees.
 - a.** Full-Time Employees include all “Construction Employees” who work more than one hundred and twenty (120) days annually, **subject to a maximum**

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of 20 days per calendar month. The average number of “Full-Time Construction Employees” is determined by totaling the number of months worked by all “Full-Time Construction Employees” and dividing by 12.

Note: Any part of a month worked will be considered an entire month.

- b. Part-Time Employees include all “Construction Employees” who work one hundred and twenty (120) days or less annually, **subject to a maximum of 20 days per calendar month.** The average number of “Part-Time Construction Employees” is determined by totaling the number of days worked by all “Part-Time Construction Employees” and dividing by 120 days.

Note: Any part of a day worked will be considered a full day.

5. If the insured is involved in more than one eligible construction trade and employees perform separate and distinct functions, separate classifications may be applied. If the employee(s) functions overlap, assign the classification generating the highest rate.
6. Assign the liability territory code where the insured performs his/her operations. If multiple territories apply, assign the highest rated territory.

36. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS

The following Additional Optional Endorsements are added:

D. Special Provisions For Certain Types Of Risks Endorsements

14. Contractors Special Liability

- (a) **Description** – Coverage can be added to provide a limit of \$750 per occurrence / \$5,000 max per policy period for property damage to property in the insured’s care, custody or control. Coverage is also provided for property damage to the insured’s product or work performed by the insured except for the actual portion of the insured’s work, materials, parts or equipment that malfunctions.

- (b) **Form** – Use endorsement 70 1909.

- (c) **Premium Charge** - 10% of the combined total general liability class premium (modified at

limits), subject to an annual minimum premium of \$50 (not subject to modification).

15. Exterior Insulation and Finish Systems

A. Total EIFS Exclusion

- (a) **Description** – This optional endorsement excludes bodily injury or property damage included in the products-completed operations hazard and arising out of the insured’s EIFS work.

- (b) **Form** – Use endorsement 71 0939.

- (c) **Premium Charge** – n/a.

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B. Limited EIFS Exclusion

(a) **Description** – This optional endorsement excludes bodily injury or property damage included in the products-completed operations hazard and arising out of the insured's EIFS work with an exception for "water managed" or "drainable" type systems.

(b) **Form** – Use endorsement 71 0932.

(c) **Premium Charge** – n/a.

16. Tobacco Products Liability Exclusion

(a) **Description** – Liability arising out of tobacco products may be excluded. This endorsement is mandatory for all classes of business listed in Table 1 and optional for all other classes of business.

Table 1 – Mandatory Tobacco Products Exclusion Classes

Class Description	Class Code(s)
Beverage Distributor	10140, 10141
Beverage Stores	10145, 10146
Diary Products or Butter and Egg Stores	11258, 11259
Department or Discount Stores	12356
Drugstores	12374, 12375
Gasoline Stations	13453, 13454, 13455
Grocery Distributors	13670
Grocery Stores	13673
Health or Natural Food Stores	13720
Mail Order Houses	45901
Newsstands	15608
Supermarkets	18501
Tobacco Products Distributor	18707
Tobacco Products Manufacturing	59773, 59774, 59775
Tobacco Re-handling or Warehousing	99760
Tobacco Products Stores	18708
Variety Stores	18911, 18912
Vending Machine Operations	46917, 46918, 46919

(b) **Form** – Use endorsement 71 1044.

(c) **Premium Charge** – n/a.

17. Limited Pollution Coverage For Backup of Storm Drains and Sewers (Municipality)

(a) **Description** – This optional endorsement affords limited protection of \$5,000 each claim, \$25,000 each occurrence, \$25,000 annual aggregate for "property damage" to a building or its contents caused by loss or damage from "sewage" that backs up from a storm drain or sewer.

(b) **Form** – Use endorsement 71 0426.

(c) **Premium Charge**

1. Rates: Refer to the appropriate state exception page(s).

2. Deductible Options

Per Claim	Statistical Code
\$1,000	07
\$2,500	08
\$5,000	09

3. Classification – Class Code – 90207 Limited Pollution Coverage for Back Up of Storm Drains and Sewers.

18. Volunteer Emergency Services Organization Pollution Liability For Emergency Operations

(a) **Description** – This optional endorsement affords protection for claims for "bodily injury" or "property damage" arising from "environmental damage" caused by "emergency operations" or "training". This coverage can only be provided to organizations eligible for the Volunteer Emergency Service Organization Program.

(b) **Form** – Use endorsement 71 0391.

(c) **Premium Charge**

1. Minimum Premium - \$50 at Basic Limits.

2. Loss Costs

(Loss Cost are for \$25,000 each "occurrence")

CLASSIFICATION DESCRIPTION	CLASS CODE	LOSS COST
EMS Squad	90200	\$25.00
Rescue Squad	90201	\$25.00
Fire Company	90202	\$42.50
Combination EMS/Rescue Squad	90203	\$25.00
Combination Fire/Rescue Co.	90204	\$42.50
Combination Fire/Rescue/EMS Co.	90205	\$62.50
HAZ/MAT Team	90206	\$62.50

3. Basis of Premium

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The basis of premium is each station.

4. Premium Determination

The premium for a risk is calculated as follows:

- a. Determine the applicable classification(s).
- b. Determine the premium base (number of stations) applicable to the classification(s).
- c. Determine the basic limits rate(s) for the classification(s).
- d. Adjust the resulting basic limits rate(s) by the appropriate increased limits factors and any other applicable rate modification(s).
- e. Multiply the number of units of exposure (stations) developed under the premium base for each classification by the corresponding adjusted rate(s) developed in 4.
- f. Determine the application of any minimum premiums.
- g. Add the premium determined in e. or f. to the other premiums developed for the policy to obtain the total policy premium.

19. Volunteer Emergency Service Organization
Emergency Medical Service Coverage Endorsement.

- (a) **Description** – This endorsement is attached on a mandatory basis to all General Liability policies that include class codes 43551 and 40032. Coverage is extended for bodily injury arising out of the rendering or failure to render emergency “medical service”.

(b) **Form** – Use endorsement 71 0004.

(c) **Premium Charge** – n/a.

20. Volunteer Emergency Service Organization
Exclusion

- (a) **Description** – This endorsement is attached on a mandatory basis to all General Liability policies that include class code 43551. The endorsement excludes bodily injury, property damage and personal and advertising injury: arising out of athletic or sports contests sponsored by the insured, mechanically operated amusement

devices used in conjunction with a carnival, circus or fair sponsored by the insured, to any volunteer firefighter or worker, due to the rendering or failure to render professional service or professional health care services, arising out of the igniting or discharging of fireworks.

(b) **Form** – Use endorsement 71 0005.

(c) **Premium Charge** – n/a.

21. Additional Insured – Volunteer and Fellow Volunteer
Liability Endorsement

- (a) **Description** – This endorsement is attached on a mandatory basis to all General Liability policies that include class codes 43551 and 40032. Coverage is extended to volunteer workers for bodily injury and personal and advertising injury arising out of injuries to a fellow members.

(b) **Form** – Use endorsement 71 0006.

(c) **Premium Charge** – n/a.

22. Comprehensive Extended Liability Coverage
(Municipality)

- (a) **Description** – This endorsement is attached on a mandatory basis to all General Liability policies that include governmental subdivisions class codes: 44100, 44101, 44102, 44103, 44104, 44105, 44106, 44108, 44109, 44110, 44111, 44112, 44113. Extended coverages are provided: extended bodily injury, coverage at elected officials residences, AI status for elected officials, commissions, boards, members.

(b) **Form** – Use endorsement 71 0917.

(c) **Premium Charge** – n/a.

23. Governmental Subdivisions

- (a) **Description** – This endorsement is attached on a mandatory basis to all General Liability policies that include governmental subdivisions class codes: 44100, 44101, 44102, 44103, 44104, 44105, 44106, 44108, 44109, 44110, 44111, 44112, 44113. The endorsement redefines “Mobile equipment”.

(b) **Form** – Use endorsement 71 0915.

(c) **Premium Charge** – n/a.

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E. Coverage Amendment Endorsements

11. Employee Benefits Liability

(a) **Description** – This optional endorsement provides coverage for the employer for liability arising out of negligently giving advice to employees, officers, partners, beneficiaries or prospective employees concerning any employee benefit plans.

(b) **Form** – Use endorsement 71 0619.

(c) **Premium Charge**

1. Basis of Premium: Employees [The total number of employees eligible for any employee benefit programs provided by the insured, including current and former employees (full and part time), officers and partners. Former employees (full and part time), officers and partners that should be included are those that are still eligible for any employee benefit programs].

2. Premium Determination
Base rate times Increased Limits Factor times Deductible Factor = Final Premium.
Not subject to final audit.

# of Employees	Base Rate at \$25,000 Each Claim/ \$75,000 Aggregate
1 – 50	\$ 75.00
51 – 100	\$100.00
Over 100	\$150.00

Increased Limits Each Claim/Aggregate	Factor
\$ 50,000/ \$150,000	1.33
100,000/ 300,000	1.62
250,000/ 750,000	1.93
500,000/1,500,000	2.15
1,000,000/3,000,000	2.40

Deductibles	Factor
\$1,000	1.00
2,500	.90
5,000	.80

12. Heating System Repair

(a) **Description** – This optional endorsement modifies endorsement CG2149, Total Pollution Exclusion in order to provide coverage for Property Damage (arising out of smoke or soot from a “puff back” resulting from work on heating and air conditioning systems performed by an insured or subcontractor of the insured.

(b) **Form** - Use endorsement 71 0585.

(c) **Premium Charge** – n/a.

13. Product Recall Expense Coverage

(a) **Description** – This optional endorsement provides various product recall expenses arising from a covered recall. The endorsement also includes lost profit resulting from a covered recall. Optional limits of \$25,000 or \$50,000 (with an aggregate of two times the product recall expense limit) are available. A \$1,000 deductible applies.

(b) **Form** – Use endorsement 71 0872 (class code 44444).

(c) **Premium Charge** – Refer to the appropriate state exception page(s).

14. Pesticide Or Herbicide Applicator Coverage

(a) **Description** – Coverage is available on an optional basis for all General Liability class codes other than 43470, 43860, 91606, 98257, 99777.

(b) **Form** – Use endorsement CG 2264.

(c) **Premium Charge** - \$225. Not subject to further modification.

15. Employment-Related Practices Liability

(a) **Description** - This optional endorsement provides coverage for entities for liability arising out of claims for a wrongful act to an employee because of an employment-related offense. The Schedule of the endorsement provides an entry for:

- (1) A Limit of Insurance for damages and defense expenses;
- (2) A deductible amount.
- (3) A retroactive date. If “none” is entered in the Schedule of the endorsement, there is no retroactive date.

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(b) **Form** – Use endorsement 71 1374

(c) **Full Time Equivalent Employees (FTE)** -

Full Time Equivalent Employees are calculated using formula:

(Number of Full Time Employees X 1.00) +
(Number of Part Time Employees X .75) +
(Number of Temporary Workers X .75) +
(Number of Leased Workers X .75) = Full Time
Equivalent Employees.

Full Time employees are defined as employees working more than 32 hours per week/1600 hours per year.

Part Time employees are defined as employees working less than 32 hours per week/1600 hours per year.

Round the number of Full Time Equivalent Employees to the closest whole number (for .50 and up, round up).

(d) **Limits of Insurance** - \$100,000, \$250,000, \$500,000 or \$1,000,000 Annual Aggregate Limit of Insurance is available.

(e) **Deductibles** - A \$2,500 deductible is available for the \$100,000 Limit only. Deductible options of \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 are available for all Limits of Insurance.

(f) **Premium Determination**

1. Determine the number of FTE employees as calculated in (c) above.
2. Determine State Relativity Factor from Table 15.2. (For multi-state exposure risks, use headquarter state).
3. Determine SIC Relativity Factor from Table 15.3.
4. Determine the Increased Limits Factors/Deductible Combinations from Table 15.4.
5. Rating Algorithm:
Multiply the final base rate per FTE employees from Table 15.5. by the appropriate number of FTE employees, times the State Relativity Factor, times the SIC Relativity Factor, times the Increased Limits Factors/Deductible Combinations to determine the annual premium for the

Employment-Related Practices Liability Insurance Endorsement.

6. Subject to minimum premium in Table 15.6.

(g) **Extended Reporting Periods** - Extended Reporting Periods apply only to claims as the result of wrongful acts committed after the Retroactive Date and before the earlier of, the end of the policy period, or termination date of the endorsement.

A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the earlier of the end of the policy period, or termination date of the endorsement, and lasts for:

- (1) Five years with respect to claims arising out of wrongful acts which have been properly reported to us before the earlier of, the end of the policy period, or termination date of the endorsement; and
- (2) Sixty-days with respect to claims arising from wrongful acts not previously reported to us.

The Basic Extended Reporting Period does not reinstate or increase the Limit of Insurance.

A Supplemental Extended Reporting Period of twelve (12), twenty-four (24) or thirty-six (36) months duration is available for an additional premium charge by attaching Supplemental Extended Reporting Period Endorsement 71 1376. The supplemental period starts when the Basic Extended Reporting Period ends. The Named Insured must give us a written request for the endorsement, and its length, within 60 days after the end of the policy period or termination date of the endorsement, whichever is earlier.

If the Supplemental Extended Reporting Period is in effect, a Supplemental Extended Reporting Period Limit of Insurance will be provided, but only for claims first made during the Supplemental Extended Reporting Period. The Supplemental Extended Reporting Period Limit of Insurance will be equal to the dollar amount shown in the Schedule of the Employment-Related Practices Liability Endorsement under the Employment-Related Practices Liability Annual Aggregate Limit Of Insurance in effect at the end of the policy.

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If the Supplemental Extended Reporting Period is purchased, the premium charge for the Supplemental Extended Reporting Period will not exceed 2.00 times the annual premium for the Employment-Related Practices Liability Endorsement. See Table 15.7. for Supplemental ERP Multipliers.

(h) Optional Coverages

1. Premium Charge Not Applicable:
 - a. Exclusion – Class Action Suit(s) 71 1379
 - b. Exclusion – Reorganization, Downsizing and Plant Closings 71 1380
 - c. Exclusion – Specific Organization(s) 71 1381
 - d. Coverage For Injury Arising Out Of Failure To Grant Tenure 71 1383
 - e. Coverage For Failure To Grant Partnership 71 1384
 - f. Amendment: Duties In Event Of “Wrongful Acts” Or “Claims” 71 1385
 - g. Prior Acts Coverage Endorsement 71 1386
2. Premium Charge:
 - a. Coverage For Injury To Independent Contractors 71 1382.
To calculate the rate if Coverage For Injury To Independent Contractors 71 1382 is purchased, take the number of independent contractors times .50 and take the result and add it to the number of Full Time Equivalent Employees in (c) above.
 - b. Express Contract Of Employment Extension Endorsement 71 1388
\$10,000 Limit – Charge \$3 per Full Time Equivalent Employee, as determined in (c) above.
\$25,000 Limit - Charge \$5 per Full Time Equivalent Employee, as determined in (c) above.

STATE RELATIVITY FACTORS

FACTOR	STATE
0.83	SC
0.86	NC
0.89	AL, MD, PA, TN, VA
0.95	DE, NJ

Table 15.2.

SIC RELATIVITY FACTOR

2 digit SIC Code	Factor
00 - All Codes	1.00
01 - Agr. Production – Crops	1.00
02 - Agr. Production – Livestock	1.00
07 - Agr. Services	1.00
08 - Forestry	1.50
09 - Fishing, Hunting and Trapping	1.50
10 - Metal Mining	1.50
12 - Coal Mining	1.20
13 - Oil & Gas Extraction	1.30
14 - Nonmetallic minerals, except fuels	1.10
15 - Gen'l Building Contractors	0.90
16 - Heavy Construction, except bldg	1.00
17 - Special Trade Contractors	0.80
20 - Food & Kindred Prods	1.20
21 - Tobacco Prods	1.50
22 - Textile, Mills Products	0.90
23 - Apparel & other Textile Prods	0.75
24 - Lumber & Wood Prods	0.80
25 - Furniture & Fixtures	0.90
26 - Paper & Allied Products	1.10
27 - Printing & Publishing	0.90
28 - Chemicals & Allied Prods	1.30
29 - Petroleum & Coals Prods	1.50
30 - Rubber & Misc Plastic Prods	0.90
31 - Leather & Leather Prods	0.90
32 - Stone, Clay & Glass Prods	0.90
33 - Primary Metal Industries	1.30
34 - Fabricated Metal Prods	1.00
35 - Industrial Machinery & Equipment	1.00
36 - Electronic & other Elec Equipment	1.20
37 - Transportation Equipment	1.30
38 - Instruments & Related Prods.	1.00
39 - Misc. Manufacturing Industries	1.10
41 - Local & Interurban Pass. Trans	1.10
42 - Trucking & Warehousing	0.90
44 - Water Transportation	1.20
45 - Transportation by Air	1.20
46 - Pipelines, except Natural Gas	1.50
47 - Transportation Services	1.30
48 - Communications	1.30
49 - Electric, Gas & Sanitary Serv.	1.40
50 - Wholesale Trade – Durable Goods	0.75
51 - Wholesale Trade – Nondurable Gds	0.80
52 - Bldg Materials & Garden Supplies	0.90
53 – General Merchandise Stores	0.80
54 – Food Stores	0.75
55 – Auto Dealers & Service Stations	1.00

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56 – Apparel & Accessory Stores	0.75
57 – Furn & Home Furnishings Stores	0.75
58 – Eating & Drinking Places	0.75
59 – Miscellaneous Retail	0.75
60 – Depository Institutions	1.00
61 – Nondepository Institutions	1.20
62 – Security & Commodity Brokers	1.30
63 – Insurance Carriers	1.20
64 – Ins Agents, Brokers, & Service	0.80
65 – Real Estate	0.80
67 – Holding & Other Invest Offices	1.10
70 – Hotels & Other Lodging Places	1.00
72 – Personal Services	0.75
73 – Business Services	0.90
75 – Auto Repair, Services & Parking	0.80
76 – Miscellaneous Repair Services	0.80
78 – Motion Pictures	0.75
79 – Amusement & Recreation Services	0.75
80 – Health Services	1.10
81 – Legal Services	1.00
82 – Educational Services	1.30
83 – Social Services	0.75
84 – Museums, Botncl, Zoogcl Gardens	1.20
86 – Membership Organizations	0.80
87 – Engineering & Mngmnt Services	0.75
89 – Services, NEC	1.00
91 – Executive, Legislative & Genl Gov't	1.00
92 – Justice, Public Order & Safety	1.00
93 – Finance, Tax & monetary Policy	1.00
94 – Admin of Human Resources	1.00
95 – Envir Quality & Housing	1.00
96 – Admin of Economic Programs	1.00
97 – National Security & Int'l Affairs	1.00

Table 15.3

INCREASED LIMITS FACTORS/DEDUCTIBLE COMBINATIONS

LIMIT	\$2,500 DED	\$5,000 DED	\$10,000 DED	\$15,000 DED	\$20,000 DED	\$25,000 DED
\$100,000	1.061	1.000	0.904	0.832	0.762	0.693
\$250,000	N/A	1.548	1.439	1.358	1.278	1.195
\$500,000	N/A	2.064	1.949	1.864	1.778	1.693
\$1,000,000	N/A	2.674	2.556	2.468	2.377	2.289

Table 15.4.

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FINAL BASE RATE

NUMBER OF FTE EMPLOYEES	RATE
First 25	\$56
26-50	\$52
51-100	\$47
101-250	\$45

Table 15.5.

EPLI MINIMUM PREMIUM

LIMIT	ALL STATES
\$100,000	\$400
\$250,000	\$500
\$500,000	\$750
\$1,000,000	\$1,000

Table 15.6.

SUPPLEMENTAL ERP MULTIPLIERS

Years in Program	12 Months	24 Months	36 Months
1	.90	1.35	1.50
2	1.35	1.83	2.00
3+	1.55	1.89	2.00

Table 15.7.

MISCELLANEOUS COVERAGE RULES

45. LIQUOR LIABILITY COVERAGE
(Subline Code 332)

Paragraph A. is replaced by the following:

A Minimum Premium

The basic limit minimum premium is \$100 and is subject to the Products/Completed Operations increased limits table C.

47. POLLUTION LIABILITY COVERAGE
(Subline Code 350)

The following is added to Paragraph B.4.:

c. To amend the Pollution Exclusion. Use Limited Pollution Liability Extension - Endorsement 71 0678.

1. The following flat charges apply:

UNDERLYING GENERAL LOSS COST AT

LIABILITY PREMIUM

BASIC LIMITS

\$0 - \$10,000	\$100
\$10,000 - \$25,000	\$150
\$25,000 - \$100,000	\$350
Over \$100,000	\$500

2. Underlying General Liability premium means the modified premium after application of all debits/credits and package modifications. Such modified premium shall be limited to Contracting/Service classes (90000 - 99999).
3. The loss cost at basic limits is subject to the products/completed operations increased limit Table C. The aggregate limit for purposes of this endorsement will always be one times the Each Pollution Incident Limit. No other aggregate option is available. Maximum Pollution Incident Limit is \$1,000,000.
4. The premium amount is not subject to final audit adjustment.
5. Class Code – 90115.

57. PRINTERS ERRORS & OMISSIONS COVERAGE
(Subline Code 334)

- A. Description** - This coverage affords protection against claims for damages caused by any negligent act, error, or omission of the insured or any other person for whose acts the insured is legally liable as a result of providing or failing to provide printing services. Coverage applies only to negligent acts, errors or omissions which occur during the policy period and take place in the coverage territory.

B. Form - 71 0269.

C. Premium Charge

1. Available Limits
 - a. Basic Limits
\$100,000 per claim/suit
\$100,000 aggregate of all claims &/or suits in policy period.
 - b. Optional Limits
\$300,000 per claim/suit
\$300,000 aggregate
\$500,000 per claim/suit
\$500,000 aggregate
\$1,000,000 per claim/suit
\$1,000,000 aggregate

2. Deductibles

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- a. Mandatory minimum deductible is \$500 per claim.
- b. Optional higher deductibles are available. Those options are:
 - \$ 750
 - \$ 1,000
 - \$ 2,500
 - \$ 5,000

3. Premium Basis. Per thousand of total annual gross receipts from printing operations

4. Factors or Multipliers

a. Deductible Factors

<u>Deductible</u>	<u>Factor</u>
\$ 750	.95
\$ 1,000	.90
\$ 2,500	.85
\$ 5,000	.80

b. Increased Limits Factors

<u>Limit</u>	<u>Factor</u>
\$ 300,000/\$ 300,000	1.10
\$ 500,000/\$ 500,000	1.20
\$ 1,000,000/\$1,000,000	1.40

5. Premium Computation

- a. The base rate is \$.10.
- b. Formula is: Base rate x increased limits factor x optional deductible factor x premium base = premium.

6. Minimum Premium.

Minimum premium for this coverage is \$100.

1. Premium Basis: Per thousand of total annual gross receipts.

2. Premium Computation:

a. Base Rates

Crematories/Cemeteries with Crematories	.50
Cemeteries – No Crematories	.25

b. Formula is: Base Rate x ILF Table 2 x premium base = premium.

3. Minimum Premium.

Minimum premium for this coverage is \$100.

58. CREMATORY/CEMETERY PROFESSIONAL
LIABILITY
(Subline Code 334)

A. Description - This coverage affords protection against claims for damages caused by any negligent act, error, or omission of the insured or any other person for whose acts the insured is legally liable as a result of providing or failing to provide professional crematory and cemetery services. Coverage applies only to negligent acts, errors or omissions which occur during the policy period and take place in the coverage territory.

B. Form – 71 1193.

C. Premium Charge

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COVERAGE RULES

36. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS
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1. Paragraph D.18. is deleted. Coverage is not applicable in Arkansas.
2. Paragraph D.19. is deleted. Coverage is not applicable in Arkansas.
3. Paragraph D.20. is deleted. Coverage is not applicable in Arkansas.
4. Paragraph D.21. is deleted. Coverage is not applicable in Arkansas.
5. Paragraph D.22. is deleted. Coverage is not applicable in Arkansas.
6. Paragraph D.23. is deleted. Coverage is not applicable in Arkansas.
7. Paragraph E.15. is deleted.